

Tennessee Board for Licensing Contractors
500 James Robertson Pkwy., Suite 110
Nashville, TN 37243-1150
Telephone: 800-544-7693 or Fax: (615) 532-2868
Email: Patrica.Carr-Berry@state.tn.us

NOTICE - QUALIFYING AGENT REMOVAL

LICENSE INFORMATION:

License ID# 000_____

License Name: _____

Address: _____

City, State and Zip: _____

QUALIFYING AGENT (QA) INFORMATION:

Name: _____ SS#: _____

Address: _____

Designated Classification:

☐ Residential (BC-A) ☐ Commercial (BC-B) ☐ Small Commercial (BC-b{sm})

BC (Residential, Commercial & Industrial) Industrial (BC-C) Electrical (CE) Plumbing (CMC-A)

 HVAC (CMC-C) Full Mechanical (CMC)-Plumbing/ HVAC Fire Sprinkler

____Specialty:_____

Other: _____

Last Day of Employment: / /
Month Day Year

This is to acknowledge I am no longer acting as the qualifying agent of the above referenced contractor.

Signature

Date _____

You may send this notice to the above address, fax or email.